

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/12/2012	
NAME OF PROVIDER OR SUPPLIER ROSEBUD VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374			
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F0000	<p>This visit was for the Investigation of Complaint IN00106389.</p> <p>Complaint IN00106389 - Substantiated. Federal/state deficiencies related to the allegations are cited at F157, F282, and F328.</p> <p>Survey dates: April 11 and 12, 2012</p> <p>Facility number: 000135 Provider number: 155230 AIM number: 100266820</p> <p>Survey team: Barbara Gray RN TC Sharon Lasher RN</p> <p>Census bed type: SNF/NF: 60 Total: 60</p> <p>Census payor type: Medicare: 9 Medicaid: 45 Other: 6 Total: 60</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>		F0000	<p>Submission of this Plan of Correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirement under state and federal law. Please accept this as our credible allegation of compliance.***Based upon review of this Plan of Correction, please consider the Plan of Correction for paper compliance.***</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/10/2012

FORM APPROVED

OMB NO. 0938-0391

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	Quality review 4/19/12 by Suzanne Williams, RN						

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F0157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review, the facility failed to notify the physician and family when residents refused to wear C-PAP (continuous positive airway pressure)/BI-PAP(bilevel positive airway</p>		F0157	<p>F-157 A facility must inform the resident; consult with the MD, notify the resident's legal representative or an interested family member when a resident requires a need to alter</p>		04/27/2012	

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	<p>pressure) as ordered, for 2 of 4 residents reviewed for C-PAP/Bi-PAP in a sample of 5. (Resident #C and #A)</p> <p>Finding include:</p> <p>1.) The record of Resident #C was reviewed on 4/11/12 at 1:25 p.m.</p> <p>Resident #C's physician's recapitulation orders, dated 4/12, indicated "oxygen at 6 liters with oxymizer (oxygen conserving device) and C-PAP with setting of 6 use at HS (bedtime)."</p> <p>Resident #C's nursing notes indicated the following:</p> <p>- 3/31/12 at 2:45 a.m., "resident refused C-PAP tonight, stated 'it makes me feel scared,' resident was educated on reasons why she should wear it. She said she knows but doesn't want it."</p> <p>- 4/8/12 at 1:15 a.m., "resident refused C-PAP tonight stating that she is ok with just her O2 on. O2 on via nasal cannula 6 liters in place."</p> <p>- 4/9/12 at 1:30 a.m., "resident on 6 liters O2 via nasal cannula, refused C-PAP tonight."</p> <p>The clinical record lacked evidence the resident's physician or family was notified of Resident #C refusing her C-PAP.</p>		<p>treatment significantly. 1. Resident C has since been discharged to home from the facility. Resident A's physician and family have been notified of the resident's history of refusal to wear the Bi-Pap as ordered. 2. All residents who utilize C-Pap or Bi-Pap machines have the potential to be affected. A review of those residents' records has been completed and no other concerns were noted. (See attachment 1) 3. All nurses will be in-serviced by the DNS or her designee by April 27, 2012 on informing the physician and the resident's responsible party immediately should a resident refuse to wear their ordered C-Pap or Bi-Pap devices. The charge nurse will monitor residents daily on all shifts to ensure residents are using the C-Pap or Bi-Pap machine as ordered by their physician and will document in the Treatment Record. If the resident refuses to use the C-Pap or Bi-Pap machine, the resident's physician and family will be notified. (See attachment 2) 4. The DNS or her designee will monitor treatment sheets and nurses notes daily on scheduled days of work, on varying shifts, for 4 weeks; then 3 times per week, on varying shifts, for 4 weeks; then monthly, on varying shifts, for 3 months; and then quarterly, on varying shifts, until compliance is maintained for 2 consecutive</p>				

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	<p>During an interview on 4/11/12 at 3:00 p.m., Resident #C's family member indicated Resident #C is having a problem with the C-PAP the facility provided and has not been able to use a C-PAP since she came into the facility. The family member stated, "I am worried that her C02 (carbon dioxide) might build up or with her sleep apnea she might just stop breathing from not using the C-PAP machine."</p> <p>During an interview on 4/12/12 at 9:30 a.m., Resident #C indicated she had only used a C-PAP the first night she was in the facility because the first night she used her C-PAP machine from home. After the first night the facility instructed her to send her C-PAP machine home and use the C-PAP machine the facility furnished. She indicated the C-PAP machine the facility furnished did not work. It made her feel afraid because she did not feel like she was receiving any oxygen at all. Resident #C stated "I have told the nurses every evening that I can't breathe with that C-Pap and I just can't wear it."</p> <p>During an interview on 4/12/12 at 9:50 a.m., LPN #1 indicated Resident #C had refused to wear her C-PAP when she tried to hook the C-PAP up at 9:00 p.m., a few evenings ago because Resident #C did not</p>				<p>quarters for those residents who utilize C-Pap or Bi-Pap devices to ensure that the residents are using them as ordered and, if not, notification to the physician and family has been made. (See attachment 3)To ensure compliance, the audits will be reviewed by the Continuous Quality Improvement Committee, overseen by the Executive Director, during the montly meeting for 6 months or until compliance is maintained for 2 consecutive quarters. 5. The above corrective measures will be completed on or before April 27, 2012.</p>		

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	<p>feel she was getting any oxygen. LPN #1 stated "I told her she was getting oxygen."</p> <p>During an interview on 4/12/12 at 10:45 a.m., ADON indicated she was not aware of a problem with Resident #C's C-PAP until the nurses told her today, and the company that owns the C-PAP are coming later today to check Resident #C's C-PAP machine.</p> <p>2.) Resident #A's record was reviewed on 4/11/12 at 2:00 P.M. Diagnoses included but were not limited to respiratory failure, chronic obstructive pulmonary disease (COPD), hypoxia, right upper lobe lung nodule, and anxiety.</p> <p>Resident #A's quarterly Minimum Data Set assessment dated 2/12/12, indicated the following: Resident #A had shortness of breath or trouble breathing with exertion, shortness of breath or trouble breathing when sitting at rest, and shortness of breath or trouble breathing when lying flat.</p> <p>A nurses note for Resident #A indicated the following: 3/6/12 at 8:00 A.M. - A new order was received for Resident #A to receive Bi-level positive airway pressure (Bi-pap) therapy at night for 8 hours. Her oxygen therapy would be continued at 2.5 liters per minute via</p>						

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	<p>nasal cannula with sleep. The Bi-pap pressure would be set at 14/6, with use of heated humidifier. A large full face mask would be used and changed every 90 days.</p> <p>A care plan for Resident #A indicated the following: Start Date: 3/6/12. Problem: The resident required the use of Bi-pap therapy at night for 8 hours due to a diagnosis of acute respiratory failure, COPD, bronchitis, and right upper lobe lung nodule. Approaches: Resident #A's power of attorney (POA) would be notified if Resident #A refused to receive her oxygen or Bi-pap therapy treatment.</p> <p>Nurses notes for Resident #A indicated the following: 3/20/12 at 10:00 P.M. - The resident refused her Bi-pap therapy, stating, "I think I'm doing O.K. without it."</p> <p>3/21/12 at no time - The resident refused her Bi-pap therapy, stating, "my face was sore." No areas were noted on her face.</p> <p>3/21/12 at 9:00 P.M. - The resident refused her Bi-pap therapy, complaining it was "uncomfortable." There were no signs of face irritation.</p> <p>3/22/12 at 12 A.M. - The resident continued to refuse her Bi-pap therapy, stating "I'm letting my face stop hurting first." No face tenderness or redness was noted.</p>						

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	<p>3/23/12 at 10:00 P.M. - The resident received her Bi-pap therapy for approximately 30 to 45 minutes, then refused to wear it.</p> <p>3/24/12 at 10:00 P.M. - The resident received her Bi-pap therapy approximately 15 minutes, then requested it be removed.</p> <p>3/25/12 at no time - The resident continued to refuse her Bi-pap therapy, stating "I want to wait a few more days." No redness was noted on her face.</p> <p>3/26/12 at 12:00 A.M. - The resident continued to refuse her Bi-pap therapy, indicating her face still hurt.</p> <p>3/26/12 at 9:00 P.M. - The resident complained of shortness of breath. She appeared pale. Oxygen saturation was 84%. The resident received a breathing treatment and her oxygen saturation rose to 94%. The resident continued to refuse her Bi-pap therapy and disregarded staff's encouragement. The resident appeared calmer.</p> <p>3/28/12 at 4:05 A.M. - The resident refused her Bi-pap therapy.</p> <p>3/28/12 at 8:30 A.M. - The resident was lethargic and very slow to respond. She appeared dyspneic with pale skin. Her oxygen saturation was 89% on 2 liter of oxygen via nasal cannula. Her lung sounds were diminished bilaterally. An order was received to send the resident to the emergency room for evaluation and</p>						

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	<p>treatment.</p> <p>A local hospital note for Resident #A dictated on 3/28/12 at 1:15 P.M., indicated the following: Chief Complaint: The resident was sent to the emergency room (ER) with breathing difficulty. She was obtunded in the ER and just answered yes or no to the emergency room physician's questions. She was given a Bi-pap therapy treatment. She had started having more breathing difficulty yesterday. Impression: "1. Acute hypercapnic respiratory insufficiency. 2. Acute exacerbation of chronic obstructive pulmonary disease with bronchitis. 7. Chronic hypoxia. 9. Anxiety." Plan: "Induced sputum culture. Intravenous steroid. DuoNeb aerosol treatment. Intravenous antibiotic. Bi-pap treatment. Sliding-scale insulin coverage. Continue oxygen. Deep vein thrombosis prophylaxis."</p> <p>A nurses note for Resident #A dated 3/31/12 at 5:30 P.M., indicated the resident returned to the facility from a local hospital.</p> <p>No documentation was available in Resident #A's record the resident's physician or POA had been notified of her repeated refusals to receive her Bi-pap therapy treatment.</p>						

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	<p>An interview with the Assistant Director of Nursing on 4/12/12 at 1:33 P.M., indicated there was no documentation available in Resident #A's record, her physician or POA had been notified of her repeated refusals to receive her Bi-pap therapy treatment.</p> <p>This federal tag relates to Complaint IN00106389.</p> <p>3.1-5(a)(1) 3.1-5(a)(2) 3.1-5(a)(3)</p>						

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to follow their plan of care to notify the resident's family of repeated refusal for Bi-pap therapy, for 1 of 5 residents reviewed for plan of care, in the sample of 5.(Resident #A)</p> <p>Findings include:</p> <p>Resident #A's record was reviewed on 4/11/12 at 2:00 P.M. Diagnoses included, but were not limited to, respiratory failure, chronic obstructive pulmonary disease (COPD), hypoxia, right upper lobe lung nodule, and anxiety.</p> <p>Resident #A's quarterly Minimum Data Set assessment dated 2/12/12, indicated the following: Resident #A had shortness of breath or trouble breathing with exertion, shortness of breath or trouble breathing when sitting at rest, and shortness of breath or trouble breathing when lying flat.</p> <p>A nurses note for Resident #A indicated the following: 3/6/12 at 8:00 A.M. - A new order was received for Resident #A</p>		F0282	<p>F-282 The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. 1. Resident A's plan of care has been reviewed and no changes were made. Resident A's physician and family have been notified of the resident's history of refusal to wear the Bi-Pap as ordered. 2. All residents who utilize C-Pap or Bi-Pap machines have the potential to be affected. A review of those residents' records has been completed and no other concerns were noted. (See attachment 1) 3. All nurses will be in-serviced by the DNS or her designee by April 27, 2012 in regards to following the plan of care in regards to C-Pap and Bi-Pap devices with emphasis on informing the physician and the resident's responsible party immediately should a resident refuse to wear their ordered C-Pap or Bi-Pap devices. The charge nurse will monitor daily on all shifts to ensure residents are using the C-Pap or Bi-Pap machine as ordered by their physician and will document in the Treatment Record. If the</p>		04/27/2012	

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	<p>to receive Bi-level positive airway pressure (Bi-pap) therapy at night for 8 hours. Her oxygen therapy would be continued at 2.5 liters per minute via nasal cannula with sleep. The Bi-pap pressure would be set at 14/6, with use of heated humidifier. A large full face mask would be used and changed every 90 days.</p> <p>A care plan for Resident #A indicated the following: Start Date: 3/6/12. Problem: The resident required the use of Bi-pap therapy at night for 8 hours due to a diagnosis of acute respiratory failure, COPD, bronchitis, and right upper lobe lung nodule. Approaches: Resident #A's power of attorney (POA) would be notified if Resident #A refused to receive her oxygen or Bi-pap therapy treatment.</p> <p>Nurses notes for Resident #A indicated the following: 3/20/12 at 10:00 P.M. - The resident refused her Bi-pap therapy, stating, "I think I'm doing O.K. without it."</p> <p>3/21/12 at no time - The resident refused her Bi-pap therapy, stating, "my face was sore." No areas were noted on her face.</p> <p>3/21/12 at 9:00 P.M. - The resident refused her Bi-pap therapy, complaining it was "uncomfortable." There were no signs of face irritation.</p> <p>3/22/12 at 12 A.M. - The resident</p>			<p>resident refuses to use the C-Pap or Bi-pap machine, the resident's physician and family will be notified. (See attachment 2) 4. The DNS or her designee will monitor treatment sheets and nurses notes daily on scheduled days of work, on varying shifts, for 4 weeks; then 3 times per week, on varying shifts, for 4 weeks; then monthly, on varying shifts, for 3 months; then quarterly, on varying shifts, until compliance is maintained for 2 consecutive quarters for those residents who utilize C-Pap or Bi-Pap devices to ensure that the resident's plan of care has been followed accordingly. (See attachment 3) To ensure compliance, the audits will be reviewed by the Continuous Quality Improvement Committee, overseen by the Executive Director, during the monthly meeting for 6 months or until compliance is maintained for 2 consecutive quarters.5. The above corrective measures will be completed on or before April 27, 2012.</p>			

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	<p>continued to refuse her Bi-pap therapy, stating "I'm letting my face stop hurting first." No face tenderness or redness was noted.</p> <p>3/23/12 at 10:00 P.M. - The resident received her Bi-pap therapy for approximately 30 to 45 minutes, then refused to wear it.</p> <p>3/24/12 at 10:00 P.M. - The resident received her Bi-pap therapy approximately 15 minutes, then requested it be removed.</p> <p>3/25/12 at no time - The resident continued to refuse her Bi-pap therapy, stating "I want to wait a few more days." No redness was noted on her face.</p> <p>3/26/12 at 12:00 A.M. - The resident continued to refuse her Bi-pap therapy, indicating her face still hurt.</p> <p>3/26/12 at 9:00 P.M. - The resident complained of shortness of breath. She appeared pale. Oxygen saturation was 84%. The resident received a breathing treatment and her oxygen saturation rose to 94%. The resident continued to refuse her Bi-pap therapy and disregarded staff's encouragement. The resident appeared calmer.</p> <p>3/28/12 at 4:05 A.M. - The resident refused her Bi-pap therapy.</p> <p>3/28/12 at 8:30 A.M. - The resident was lethargic and very slow to respond. She appeared dyspneic with pale skin. Her oxygen saturation was 89% on 2 liter of</p>						

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	<p>oxygen via nasal cannula. Her lung sounds were diminished bilaterally. An order was received to send the resident to the emergency room for evaluation and treatment.</p> <p>A local hospital note for Resident #A dictated on 3/28/12 at 1:15 P.M., indicated the following: Chief Complaint: The resident was sent to the emergency room (ER) with breathing difficulty. She was obtunded in the ER and just answered yes or no to the emergency room physician's questions. She was given a Bi-pap therapy treatment. She had started having more breathing difficulty yesterday. Impression: "1. Acute hypercapnic respiratory insufficiency. 2. Acute exacerbation of chronic obstructive pulmonary disease with bronchitis. 7. Chronic hypoxia. 9. Anxiety." Plan: "Induced sputum culture. Intravenous steroid. DuoNeb aerosol treatment. Intravenous antibiotic. Bi-pap treatment. Sliding-scale insulin coverage. Continue oxygen. Deep vein thrombosis prophylaxis."</p> <p>A nurses note for Resident #A dated 3/31/12 at 5:30 P.M., indicated the resident returned to the facility from a local hospital.</p> <p>No documentation was available in</p>						

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	<p>Resident #A's record the resident's POA had been notified of her repeated refusals to receive her Bi-pap therapy treatment.</p> <p>An interview with the Assistant Director of Nursing on 4/12/12 at 1:33 P.M., indicated there was no documentation available in Resident #A's record, her POA had been notified of her repeated refusals to receive Bi-pap therapy treatment.</p> <p>This federal tag relates to Complaint IN00106389.</p> <p>3.1-35(g)(2)</p>						

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F0328 SS=D	<p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on observation, interview and record review, the facility failed to attach humidity to 1 resident's oxygen per nasal cannula and to ensure the same resident with obstructive sleep apnea (cessation of respiration), utilized her bi-pap at night, for 1 of 4 residents reviewed for C-PAP(continuous positive airway pressure)/BI-PAP(bilevel positive airway pressure) therapy in a sample of 5. (Resident #C)</p> <p>Findings include:</p> <p>The record of Resident #C was reviewed on 4/11/12 at 1:25 p.m. Resident #C diagnoses included but were not limited to respiratory failure, obstructive sleep apnea and Pickwickian syndrome (obesity hypoventilation syndrome).</p> <p>Resident #C's MDS (Minimum Data Set), assessment, dated 4/6/12, indicated the</p>		F0328	<p>F 328 The facility must ensure that residents receive proper treatment and care for special services; respiratory care. 1. Resident C has since been discharged to home from the facility. 2. All residents who utilize oxygen with liter flows greater than 2 liters/minute have the potential to be affected. The records of all residents who utilize oxygen with a liter flow greater than 2 liters/minute have been reviewed to ensure that humidification is being utilized, if ordered by the physician. (See attachment 1) 3. All nurses will be in-serviced by the DNS or her designee by April 27, 2012 in regards to ensuring humidification is being utilized, if ordered by the physician, if the oxygen liter flow is greater than 2 liters/minute. The charge nurse will monitor daily on all shifts to ensure humidification is being used per physician order and will document appropriately on the Treatment Record. (See attachment 2) 4.</p>		04/27/2012	

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	<p>resident had scored 15 on the BIMS (Brief Interview for Mental Status). The range of 13-15 indicated the resident's cognition was intact. The MDS indicated the resident received oxygen therapy and BI-PAP/C-PAP therapy.</p> <p>Resident #C's physician's recapitulation orders, dated 4/12, indicated "oxygen at 6 liters with oxymizer (oxygen conserving device) and C-PAP with setting of 6 use at HS (bedtime)."</p> <p>1.) During an observation on 4/12/12 at 1:45 p.m., Resident #C was in her room, sitting in a chair, wearing oxygen at 6 liters nasal cannula.</p> <p>During an interview with Resident #C on 4/12/12 at 1:50 p.m. indicated the oxygen she was wearing did not have humidity attached to it and it was making her nose so dry. She stated "I will be glad when I go home because my oxygen at home has water on it, and it does not dry my nose out like this does."</p> <p>During an interview on 4/12/12 at 2:00 p.m., the ADON (Assistant Director of Nursing) indicated humidity was not added to resident's oxygen unless they showed symptoms without humidity.</p> <p>Mosby's Clinical Nursing, 5th edition,</p>			<p>The DNS or her designee will monitor all residents daily on scheduled days of work, on varying shifts, for 4 weeks; then 3 times per week, on varying shifts, for 4 weeks; then monthly, on varying shifts for 3 months, the quarterly, on varying shifts, until compliance is maintained for 2 consecutive quarters to ensure that humidification is being utilized for those residents who have physician's orders for humidification, if they are utilizing oxygen at a liter flow greater than 2 liters/minute. (See attachment 3)To ensure compliance, the audits will be reviewed by the Continuous Quality Improvement Committee, overseen by the Executive Director, at the monthly meeting for 6 months or until compliance is maintained for 2 consecutive quarters.5. The above corrective measures will be completed on or before April 27, 2012.</p>			

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	<p>indicates "Respiratory Management, provide humidification with liter flows greater than 2 liters/minute."</p> <p>2.) Resident #C's nursing notes indicated the following:</p> <ul style="list-style-type: none"> - 3/31/12 at 2:45 a.m., "resident refused C-PAP tonight, stated 'it makes me feel scared,' resident was educated on reasons why she should wear it. She said she knows but doesn't want it." - 4/8/12 at 1:15 a.m., "resident refused C-PAP tonight stating that she is ok with just her 02 on. 02 on via nasal cannula 6 liters in place." - 4/9/12 at 1:30 a.m., "resident on 6 liters 02 via nasal cannula, refused C-PAP tonight." <p>During an interview on 4/11/12 at 3:00 p.m., Resident #C's family member indicated Resident #C is having a problem with the C-PAP the facility provided and has not been able to use a C-PAP since she came into the facility. The family member stated, "I am worried that her CO2 (carbon dioxide) might build up or with her sleep apnea she might just stop breathing from not using the C-PAP machine."</p> <p>During an interview on 4/12/12 at 9:30 a.m., Resident #C indicated she had only used a C-PAP the first night she was in</p>						

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	<p>the facility, because the first night she used her C-PAP machine from home. After the first night the facility instructed her to send her C-PAP machine home and use the C-PAP machine the facility furnished. She indicated the C-PAP machine the facility furnished did not work. It made her feel afraid because she did not feel like she was receiving any oxygen at all. Resident #C stated "I have told the nurses every evening that I can't breathe with that C-Pap and I just can't wear it."</p> <p>During an interview on 4/12/12 at 9:50 a.m., LPN #1 indicated Resident #C had refused to wear her C-PAP when she tried to hook the C-PAP up at 9:00 p.m., a few evenings ago because Resident #C did not feel she was getting any oxygen. LPN #1 stated "I told her she was getting oxygen."</p> <p>During an interview on 4/12/12 at 10:45 a.m., ADON indicated she was not aware of a problem with Resident #C's C-PAP until the nurses told her today, and the company that owns the C-PAP are coming later today to check Resident #C's C-PAP machine.</p> <p>This federal tag relates to complaint IN00106389.</p>						

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	3.1-47(a)(6)						